

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit # 16-0853
Date: 8-9-16
Amount Paid: \$75
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization
Attached
☐ Yes ☒ No

PROJECT
LOCATION

Legal Description: (Use Tax Statement)

Pin: (23 digits)

Recorded Document: (i.e. Property Ownership)

Volume
Page(s)

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Volume

Page(s)

Section

Township

Range

Sec

Town of:

Calbe

Lot Size

Acres

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?

If yes--continue

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone?

Are Wetlands Present?

Non-Shoreland

Value at Time of Completion

Project

of Stories and/or basement

Use

of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

* include donated time & material

New Construction

1-Story

Seasonal

1

Municipal/City

City

3500.00

Addition/Alteration

1-Story + Loft

Year Round

2

(New) Sanitary

Specify Type:

Well

Conversion

2-Story

Basement

3

Sanitary (Exists)

Specify Type:

ST

Relocate (existing bldg)

Basement

None

Privy (Pit) or Vaulted (min 200 gallon)

Portable (w/service contract)

Compost Toilet

None

Run a Business on Property

No Basement

Foundation

None

None

None

None

None

None

None

None

None

Existing Structure: (If permit being applied for is relevant to it)

Length:

Width:

Height:

Length:

Width:

Height:

Length:

Width:

Height:

Proposed Use

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

with a Porch

with (2nd) Deck

with Attached Garage

Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Residential Use

Commercial Use

Municipal Use

Rec'd for Issuance

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Dimensions

Square Footage

Dimensions

Square Footage

Dimensions

Square Footage

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Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

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Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

Mobile Home (manufactured date)

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Accessory Building (specify)

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with Loft

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with (2nd) Deck

with Attached Garage

Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Residential Use

Commercial Use

Municipal Use

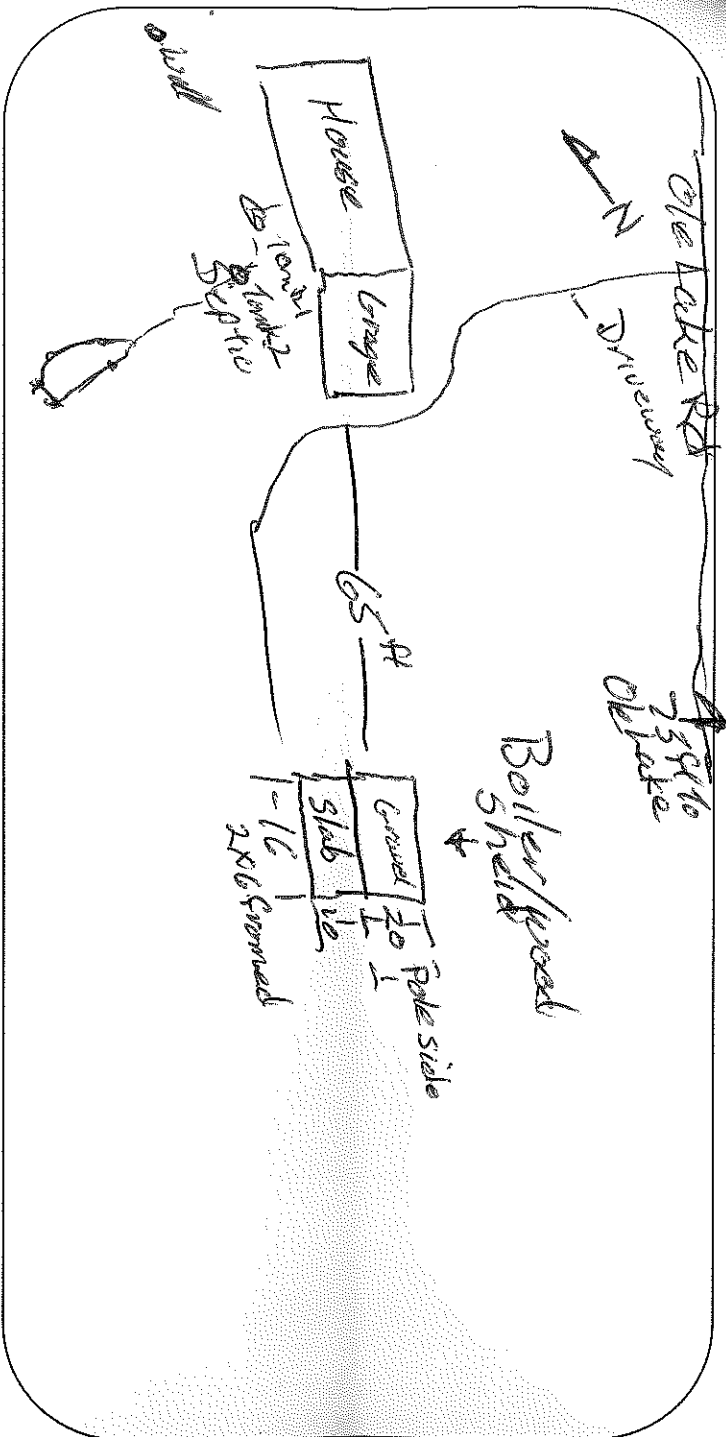
Rec'd for Issuance

Accessory Building Addition/Alteration (specify)

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
(2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)
Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	310 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	310 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	100 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0853		Permit Date: 8-9-16					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Grab parcel when boiler was installed						
Date of Inspection:	8-9-16	Inspected by:	gpc	Zoning District	PF1	Date of Re-Inspection:	
Conditions(s) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
Not for human habitation							
Signature of Inspector:	gpc			Date of Approval:	8-9-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

Tax I.D. 8175

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
JUL 28 2016

ENTERED

Bayfield Co. Zoning Dept.

Permit #:	16-02857
Date:	8-10-16
Amount Paid:	\$346
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Michael & Mary Cleary		Mailing Address: 8724 Fletcher Circle Eden Prairie, MN		City/State/Zip: 55347		Telephone: 612 385-5180		Cell Phone: 612 385-5180		Plumber Phone: 634-4427		Plumber: NA	
Address of Property: 14355 Ferry Lake Rd		City/State/Zip: Cable, WI 54821		Contractor Phone: 634-4427		Plumber: NA		Agent Mailing Address (include City/State/Zip): 817-2034 6173 Iron Lake Rd, Iron River, WI 54847		Written Authorization Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Recorded Document (i.e. Property Ownership) Volume: 847 Page(s): 150	
Contractor: Jack Sjostrom		715 634-4427		Plumber: NA		Agent Phone: 817-2034 6173 Iron Lake Rd, Iron River, WI 54847		P.L.N. (23 digits): 05-008-10000		04-018-2-43-07-17-2			
Authorized Agent: (Petition Signing Application on behalf of Owner(s)) Michael Fortak		715 715		P.L.N. (23 digits): 05-008-10000		04-018-2-43-07-17-2							
PROJECT LOCATION: 1/4, 1/4		Gov't Lot: 6+8		Lot(s): 2		C.S.M.: 1361		Vol & Page: 8, 181		Lot(s) No.:		Block(s) No.:	
Section: 17, Township: 43 N, Range: 7 W		Town of: Cable		Lot Size: 5.06		Acres: 5.06							
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes—Continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—Continue →		Distance Structure is from Shoreline: 75+ feet									

Value at Time of Completion * include donated time & material	\$80,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>	<input type="checkbox"/> Well	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>ST</u>	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: 60	Width: 36	Height: 16
Proposed Construction:			

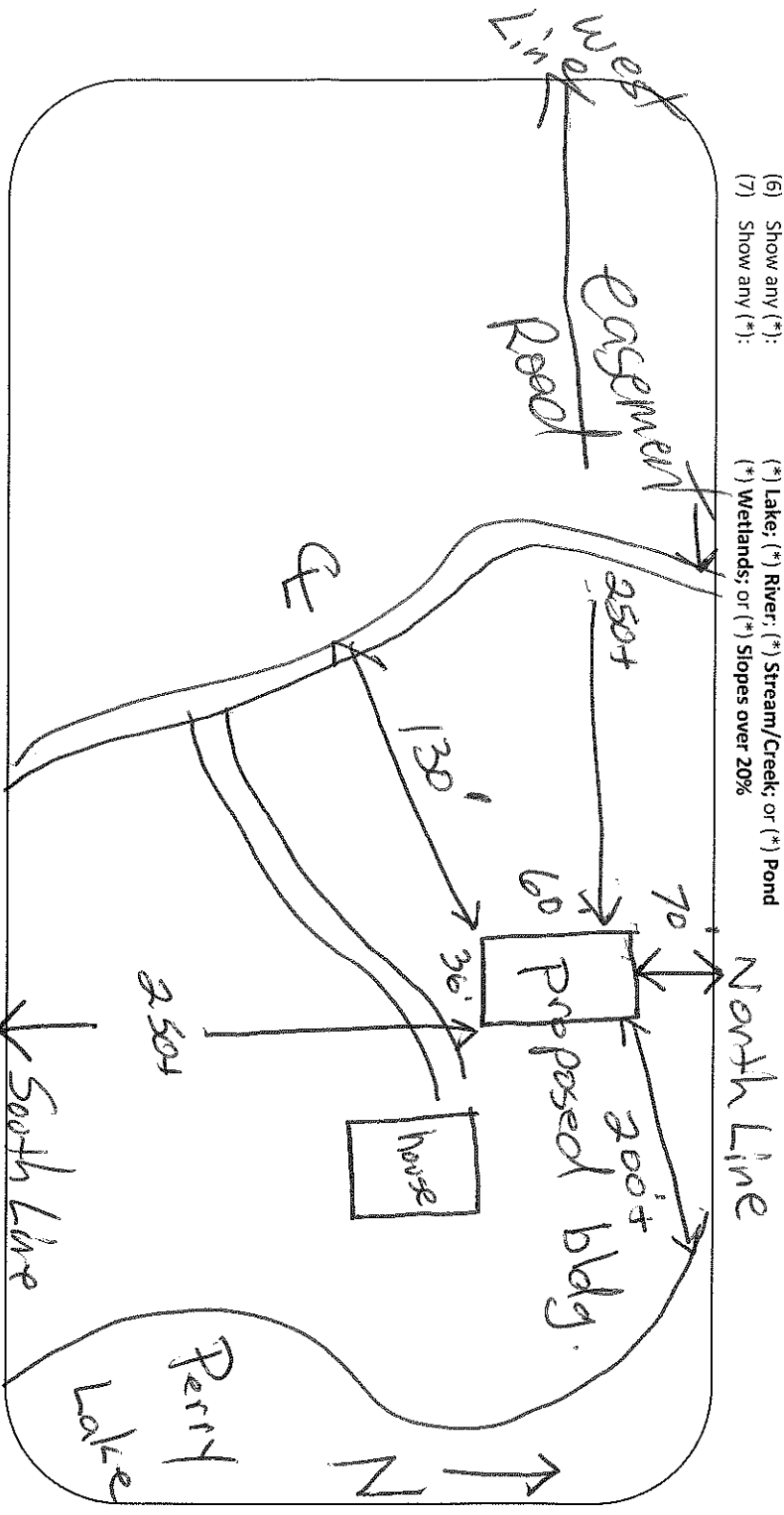
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> with Loft	(X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with a Deck	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/> with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> AUG 10 2016	<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Accessory Building (specify)	<input checked="" type="checkbox"/> Storage bldg.	(36 X 60)	2,160
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners, list on the back of this application the names, signatures or letters of authorization must accompany this application)
Authorized Agent: Michael Fortak
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: P.O. Box 95, Cable, WI 54821
Date: 7-11-16
Attach Copy of Tax Statement ✓

(1) **Show location of:** **Proposed Construction**
 (2) Show / Indicate: **North {N} on Plot Plan**
 (3) Show location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 (4) Show: **All Existing Structures on your Property**
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

North Line



(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement
<i>eggshell</i> <i>road</i>				
Setback from the Centerline of Platted Road	130	Feet	Setback from the Lake (ordinary high-water mark)	200+
Setback from the Established Right-of-Way	N/A	Feet	Setback from the River, Stream, Creek	N/A
			Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	70'	Feet		
Setback from the South Lot Line	250+	Feet	Setback from Wetland	N/A
Setback from the West Lot Line	250+	Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	N/A	Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	125	Feet	Setback to Well	
Setback to Drain Field	135+	Feet		45
Setback to Privy (Portable, Composting)	N/A	Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	16-0857	Permit Date:	8-10-16	
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	Zoning District (R-1) Lakes Classification ()			
Date of Inspection:	8-4-16	Inspected by:	Hawley	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Not for human habitation No cists under pressure				
Signature of Inspector:	Hawley			Date of Approval:
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				<input type="checkbox"/>
				8-8-16